

Customer No. 24113  
 Patterson, Thunte, Skaar & Christensen, P.A.  
 4800 IDS Center  
 80 South 8th Street  
 Minneapolis, Minnesota 55402-2100  
 Telephone: (612) 349-5740  
 Facsimile: (612) 349-9266

Attorney Docket No. 2950.15US03

REQUEST FOR CONTINUED EXAMINATION  
 (RCE) TRANSMITTAL

Mail Stop RCE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

12/23/2005 BABRAHA1 00000004 160631 10655322  
 01 FC:2801 395.00 DA

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 10/655,322, filed September 4, 2003 for: MULTIPLE METAL OXIDE SUBMICRON PARTICLES, by: Sujeet Kumar, Hariklia Dris Reitz, Craig R. Horne, James T. Gardner, Ronald J. Mosso, Xiangxin Bi.

1. Submission required under 37 C.F.R. § 1.114

- a. ☒ Previously submitted  
     ☒ Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on November 28, 2005 in said prior application.  
     ☐ Consider the arguments in the Appeal Brief or reply Brief previously filed on  
     ☒ Other – Request for a two month Extension
- b. ☐ Enclosed  
     ☐ A Preliminary Amendment. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.  
     ☐ Affidavit(s)/Declaration(s)  
     ☐ Information Disclosure Statement (IDS)  
     ☐ Other

2. ☒ The filing fee is calculated below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	20	- 20**	= 0	x 25	\$		x 50	\$
Indep.	2	- 3***	= 0	x 100	\$		x 200	\$
RCE fee				+ 395	\$395.00		+ 790	\$
Mult. Dep.			=	+ 180	\$		+ 360	\$
TOTAL					\$395.00	OR	TOTAL	\$

☐ First Presentation of Multiple Dependent Claim (MDC)

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

3. [ X ] The Commissioner is authorized to charge the amount of \$620.00 to cover the RCE fee under 37 C.F.R. §1.17(e) and the extension fee, to grant any extensions of time and to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 16-0631.

Respectfully submitted,

*Peter S. Dardi*

Peter S. Dardi, Ph.D.  
Registration No. 39,650

*Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.*

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 571-273-8300 on the date shown below thereby constituting filing of same.

December 21, 2005  
Date

*Peter S. Dardi*  
Peter S. Dardi